

West Valley City Parks & Recreation
Family Fitness Center K9 – 2K Entry Form
SATURDAY, August 25, 2012 – Race Start Time is 10:30 AM

Mail completed entry form and fee (payable to Family Fitness Center) to: West Valley City Family Fitness Center, K9 – 2K, 5415 West 3100 South, West Valley City, UT, 84120. **Entry forms must be postmarked by August 21, 2012.** Payment must be enclosed with registration form. Call 801-955-4000 for more information. Registration also accepted at WVC Family Fitness Center or on day of the race from 9:30 – 10:00 AM
(Please Print Clearly)

Owner Name: (First) _____ (Last) _____

Sex: (circle one) M F Birth Date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: (____) _____

How did you hear about the K9 – 2K? _____

Canine Name #1: _____ Breed _____

Sex: (circle one) M F Weight: (circle one) 0 – 25 lbs 26+ lbs

Canine Name #2: _____ Breed _____

Sex: (circle one) M F Weight: (circle one) 0 – 25 lbs 26+ lbs

FEES: \$10 per dog
Number of dogs _____ X \$10 (+\$5 after 8/21/12) = _____

(Participants age 18 and older must sign below. Parent or Legal Guardian must sign for child(ren) under age 18.)

RELEASE, INDEMNIFICATION & hold HARMLESS: I, the undersigned, individually and as a parent or legal guardian of the above-named child(ren), hereby recognize and acknowledge that there are inherent hazards and risks connected with this Event and hereby authorize my child(ren) and my dog to participate in this race. Associated risks may be magnified if I or my child(ren) fail to control my dog, to follow verbal instructions, engage in activities beyond my dog's, his or her abilities and/or involvement of horseplay of others. Knowing these risks, I believe that the benefits of me, my child(ren)'s, and my dog's participation in this race outweigh any risk associated with this Event. I understand and voluntarily assume any and all risks associated with participating in this Event including, but not limited to, the risk and/or death to me, my child(ren), and/or my dog(s) from the following: traveling to and from the Event, the presence of vehicle traffic and spectators along the Event course, physical activity, injuries to me and my dog(s) caused by contact with spectators or other Event participants (people or dogs), falls, leash entanglement, dog bites, illness, heat exhaustion, heat stroke, or dehydration, the effects of the weather (including temperature extremes and humidity), the condition of the Events course, roads and sidewalks, and other hazards.

I am aware of the content of the programs listed above for this Event and hereby represent that me, my child(ren), and my dog are physically, mentally and emotionally fit and capable of safely participating in this Event and hereby give my consent for such child(ren) to participate. I agree as a condition of my participation, my child(ren)'s, and my dog's participation to release, defend, indemnify and hold West Valley City and its officers, agents, employees and volunteers harmless from and against any and all loss, damage, judgments, and expenses incurred by reason of any claim or liability based upon personal injury (including death) or property damage to any person or animal arising out of participation in the K9-2K, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of West Valley City, its officers, agents, employees or volunteers. I agree to assume a duty to observe, instruct and supervise my child(ren) and my dog at this race.

I affirm that the dog(s) I will be participating with has a current rabies vaccination.

I agree to abide by all rules of this Event and by the decision of any Event officials related to our ability to complete this Event safely. I further agree that Event officials may authorize emergency treatment to me and my dog. I also understand that event sponsors may subsequently use, for publicity or promotional purposes, photographs, of me, my child(ren), and my pets(s) (with or without use of my name) taken at the event without notice, liability, or obligation to me.

In the event any part of this release agreement is declared invalid, the remainder is still valid.

SIGNATURE _____

DATE _____

Method of Payment: Cash Check Visa Mastercard American Express Discover

Cashier: _____

Date: _____